

APCD Daily TAG Call – Meeting Highlights (January 17th – 21st)

Monday, January 17th TAG call highlights

- Holiday, no TAG Call

Tuesday, January 18th TAG call highlights - MEETING CANCELLED due to snowstorm

Wednesday, January 19th TAG call highlights

1. Variance Application Submissions (by January 21st) – The Division reminded payers to submit the most recent and updated version of the variance application (version 2.1) this Friday, January 21st.
Copied from previous notes:
 - Variance applications should be completed or updated using the latest version of the form (version 2.1). This version corresponds to the most recent submission guides updated on December 1, 2010.
 - The Division has observed many variance application forms with incomplete fields and explanations for rationale that need more comprehensive descriptions. The Division's goal is to better understand the challenges payers face for specific reporting requirements and a statement such as "Data not available" does not help the Division understand those challenges. Please provide a full explanation for why the data is not available.
 - If a payer has submitted a variance application using a previous version, please re-submit with the most recent updates using version 2.1.
 - If a payer has not received version 2.1 please contact your liaisons immediately.
 - Added note: "Compliance Date" - For a field that you provide a clear and comprehensive rationale for not submitting, please fill the "Compliance Date" with the date of the expiration of the variance application period (12/2011).
2. Carrier Specific Lookup Tables – The Division has loaded carrier specific lookup tables. If an error was encountered the Division reached out to payers specific to address the issue. If you have submitted a carrier specific lookup table and you have not been contacted you will not need to resubmit the worksheet.
3. Delegated Benefits Administrator – A reminder that payers should contact the Division immediately to obtain the orgID for a contracted third party administrator that is not included on the list. If you have not received the APCD.txt file with the list of orgIDs please also contact us as soon as possible.
4. Division's follow-up –
 - Future dates
 - Delegated Benefits Administrator orgIDs

Thursday, January 20th TAG call highlights

In addition to the meeting highlights from Thursday's TAG call (below), I have attached an updated version of the compiled notes from our first week of TAG calls 01/07-01/14 to include an updated section that you'll see under TRACK CHANGES.

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1. Compiled TAG Summary Notes Update (attached) - The section of notes from Thursday, January 13th's call included a copy and pasted "Versioning Document" which reflected version 3.1 (dated 10/18/2010). The updated notes now include the Versioning Document version 3.2 dated 11/17/2010.
2. Reporting Future Dates – The Division stated that future dates will be accepted for a select subset of fields. Please find the summary of acceptable fields below:
Summary -
ME File has 16 date fields:
Future Date reporting allowance on 3 date fields:
ME042 Product Enrollment End Date; Reason: contracts can be written for limited service time. Example: member can disenroll or be disenrolled upon an anniversary date. Refined Criteria: future date can only be for the last day of the month reported in.
ME047 PCP Effective Date; Reason: carrier stated that broken enrollment oftentimes creates a future date here due to re-enrollment rules in-house.
ME065 Date of Retirement; Reason: some carriers auto load this with the 65th birth date of the member. Example: predefined for product evaluation and member usage.
Refined Criteria: future date cannot be greater than 65 years from current year.

PR File has 7 date fields:

Future Date reporting allowance on 2 date fields:

PR009 – Product Start Date; Reason: Quarterly Filing logic requires Product in first then claims. Example: Quarter 1 Filing has a Product that goes live in month two of the quarter, claims will come in monthly during month two and month three.

PR010 – Product End Date; Reason: carriers can predetermine if they're going to stop 'selling' a product or line of business. Refined Criteria: only report future in the quarter that the product ends within

All other dates in PR must be relevant to the reporting period

PV File has 10 date fields:

Future Date reporting allowance on 3 date fields:

PV038 – Provider End Date; Reason: contracts can be written for limited service time.

Example: Provider can bill for services until the end of December. Refined Criteria: future date can only be for the last day of the month reported in.

PV062 – Provider Affiliation Start Date; Reason: contracts can be written for any start date. Example: Provider can have an affiliation start date in the middle of the current reported month. Refined Criteria: future date can only be for the last day of the month reported in.

PV063 – Provider Affiliation End Date; Reason: contracts can be written for limited service time. Example: Provider can bill for services until the end of December. Refined Criteria: future date can only be for the last day of the month reported in.

All other date in PV must be relevant to the reporting period

MC File has 13 date fields:

Future Date reporting not allowed on any fields

PC File has 10 date fields:

Future Date reporting not allowed on any fields

DC File has 10 date fields:

Future Date reporting not allowed on any fields

3. PR004 – Product Line of Business Model

HC - “HMO closed” product would be a traditional HMO product where the member can only go to the providers that are in the HMO network.

HO - “HMO open” product would be a PPO product that is offered under the carrier’s HMO license (not a PPO product offered under the carrier’s commercial license).

It may be helpful to remember that an HMO can also sell a PPO product (with providers who are not in the network) under the HMO license, as well as under a commercial license.

MR – “Medicare” is reserved exclusively for CMS. Private payers should not use this value for PR004

MP – “Medicare Primary” should be used by payers if another Medicare product is not applicable or available on the table

4. Global Payments Discussion –

To clarify any ambiguity with the usage of the three current payment indicators, definitions of each have been provided and then an example of how to use them in tandem with each other when applicable. The focus and major example here is usage of the Global Payment Flag Indicator (MC122)

MC113 – Payment Arrangement Type; This element describes how any given line item is paid. Due to the multiple ways that carriers can process a payment, several options are listed here. This element is the main indicator to identifying how the claim/line is paid.

MC081 – Capitated Encounter Flag; This element helps to further refine MC113. If a line item would normally pay at Fee for Service (02 in MC113) but due to contractual agreement with provider has reached Capitation then this element would be set to 1 = Yes. It is understood that not all line items of the same claim will get the same response, only those services under the Capitation agreement.

MC122 – Global Payment Flag; This element helps to further refine MC113 when the claim/line item is not the anchor service. As an example using maternity services; all pre-natal services, maternity services and post-natal care are all part of a global payment assuming it has been contractually outlined between carrier and provider. The pre and post-natal care services, under this example, are adjudicated under the global payment method. The line items for these claims should have MC113 report the payment arrangement type normally applied to the services (ex. Fee for Service) and an

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MC122 that indicates Global Payment (it is assumed that Capitated encounter would be NO here, but could be YES or Not Applicable). All three types of claims could have different values in MC113, but all of them should have this flag set to 1 = Yes.

Since the post-natal care is not infinite in scope, there is some window of time that the global payment applies and then ceases so that services go back to Fee for Service or Percent of Charges, or a new anchor service which is defined as Globally Paid is presented, starting a new occurrence window. Continuing with the maternity example, the reason to report this is so that there would be a new anchor service with pre and post-natal care for the second maternity instance, should this occur that close to the other.

It is understood that different carriers will have differing contracts and payment agreements across providers, so within the elements and values provided we ask that the carriers report the most logically clear mapping of their methodology. If there are methods that have been missed, please indicate that so the lookup table additions can be evaluated for future Submission Guides.

Friday, January 21st - TAG call highlights

1. Variance Request Applications –

- The Division reminded payers that variance request application should be submitted with the most recent and most complete version of the form (version 2.1) by Friday, January 21st. If a variance application has not been submitted, payers should submit this document immediately.
- Re: Variance application memo (Attached) - In November 2010, the Division distributed a memo to clarify the expectations for the Variance Application Review process and to provide a framework for collaborative and open communications between payers and the Division staff. Attached is the memo from November 10, 2010 to serve as a reminder to all payers as well as a resource for payers who have recently partnered with the Division on the implementation of the APCD.

2. Future Dates –

- In the meeting highlights from Thursday, January 20th, the Division provided a summary of date fields that were approved or not approved for payers reporting future dates. The Division is examining additional fields for potential reporting of future dates as requested by carriers and the Division will provide guidance as soon as possible.

Please find the copied notes below:

Notes copied from Thursday, January 20th meeting highlights-
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